

Payment Authorization Form



Zola Media LLC
10 Harbor Park Drive
Port Washington, NY 11050
877.269.0076

Return Form Via Fax to 866.591.7484

Billing Information

ORGANIZATION NAME

NAME LISTED ON PAYMENT ACCOUNT

I WOULD LIKE TO MAKE PAYMENTS WITH

Credit Card Bank Account

Credit Card Billing Information

ADDRESS ON FILE WITH CREDIT CARD COMPANY

CREDIT CARD NUMBER

EXPIR. DATE

CVV CODE

CREDIT CARD TYPE

Visa American Express
 Mastercard Discover

(3-digit code on the back of VISA, MC, Discover. 4-digit code on front of Amex)

Bank Account Direct Billing Information

ADDRESS ON FILE WITH BANK

ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

Checking Savings

Payment Authotization

I authorize Zola Media, LLC to charge the account listed above for any recurring fees.

I authorize Zola Media, LLC to charge the account listed above for the one time fee of: \$ _____

ACCOUNT HOLDER SIGNATURE

DATE

X _____
